

P20. SYSTEMIC TOXICITY of A LOCAL ANESTHETIC AGENT in EMERGENCY DEPARTMENT

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Lidocaine has been reported to cause central nervous system side effects including numbness around mouth, dizziness, ataxia, agitation, seizure, coma, and respiratory failure in the course of systemic toxicity after high-dose use. In this case report we present a case of lidocaine toxicity after high-dose application of this drug in complementary medicine setting.

A 62-year-old woman presented to our emergency department with altered consciousness and seizure activity. Her admission GCS was 9. Her past history was notable for application of paravertebral ozone therapy and intramuscular lidocaine 200 mg for muscle spasm in a private clinic some hours ago at the same day. She was deteriorated a few minutes after lidocaine administration, with altered consciousness and generalized seizure-like contractions. She vomited once at initial admission to emergency department. Her vital signs were as follows: Body temperature 36°C, respiratory rate 22/min, BP 130/79 mmHg, SpO₂ 100%, and heart rate 62 bpm. ECG showed normal sinus rhythm. Her past history was notable for Hashimoto thyroiditis-induced hypothyroidism and hypertension. Head and thoracic CT with contrast, obtained for possible cerebral and pulmonary vascular events, revealed no pathologies. The patient was admitted to the intensive care unit and brain diffusion tests and diffusion MRI were performed, both revealing no pathology. An EEG examination showed no epileptiform activity. The patient experienced no additional symptoms during hospitalization and was discharged at 3rd day on levetiracetam 2x500 mg.